



Challenge TB - Cambodia

**Year 1
Monitoring Report
October 2014 - March 2015**

Submission date: April 30, 2015

Challenge TB Year 1 Quarterly Report

Country: Cambodia

Reporting period: October 2014 - March 2015

Lead partner: FHI360

Other partners: MSH, KNCV, WHO

Most Significant Achievements:

- Challenge TB (CTB) workplan and budget for Cambodia was approved by USAID on Mar 5, 2015. CTB team currently developing 15 sub grants with government counterparts in the 15 provinces where activities will be implemented. The package has been submitted to FHI 360 regional office in Bangkok and will further submit to KNCV for their approval, after the FHI 360 and KNCV global agreement has been signed.
- CTB team traveled to the 15 target provinces to inform PHD director about the CTB project, the mechanism of support, programmatic and geographic targeted areas and identification of the collaborative focal person in their sites. When the sub-grant is signed, the team will present the detail of activities, roles and responsibilities of each party before the startup of the project.
- A two day Training of Trainers was conducted for 10 technical staff from CENAT, WHO staff and 2 FHI 360 in CENAT's study room. The training was designed in two parts. First part is designed for higher level clinicians at Referral Hospitals (RH) and covers clinical management and referral mechanism/tools. The second part is designed for Health Centers (HC) and community level and covers TB management, complete and correct recording and reporting, referral forms on contact investigation. The aims of the training were to review the training content, methodologies, and ensure uniformed key message from trainers.
- Challenge TB (CTB) met with Empowerment Community for Health (ECH), Quality Health Services (QHS), Social Health Protection (SHP) and Health Information, Policy and Advocacy (HIPA) to discuss on the collaboration activity among the USAID's grants. During these meetings, it was agreed that CTB will engage ECH to participate in the development of training curriculum for VHSG and field implementation at community level to ensure the transition when ECH expands its geographic areas in Y2. Similarly, with QHS, the two projects agreed to have a joint curriculum development and training at RH and HC. Training plan will be shared with each other. And with HIPA, there was discussion to facilitate the transitional phase in the handover of eTB manager to HIPA, if e-TB manager will be chosen by CENAT.
- CTB team current develops tools and procedures for field implemented of both rural and urban strategies. The documents will be presented to CTB's partner at bi monthly meetings for comments. It will also be shared with CENAT for their input. The documents are expected to be finalized by May 2015.
- The director of CENAT requested both CTB and ECH to present the TB activities in Sub-TWG for Health during the last week of April. CTB met with director of CENAT to update the progress of CTB project activities, report challenges and identify solution to address those challenges. The meeting will be scheduled every two weeks.
- Following the site visit to Bangladesh in February, the Director of CENAT suggested to visit another non-e-TB manager country to learn about their system. The visit will be scheduled in May. It was requested that the country visited should have similar health structure as Cambodia. The director of CENAT and his technical team will join the study visit. He will make his final decision to select electronic data based system that CENAT will use for its program.
- As CTB partner, WHO published an "opinion editorial" on the challenges of TB control in a local newspaper (Phnom Penh Post) and presented an update on the TB control activities entitled "War Against TB" to national, provincial and OD officers during a National Annual TB Conference.

Technical and Administrative Challenges:

The agreement between FHI 360 and KNCV was not been signed by the end of this reporting period. This delay has impacted field implementation. FHI 360 has changed its mechanism to implement the CTB activities, in order to streamline the funding and activities to government organizations. It was therefore required to develop sub-grants with government partners which required significant efforts for the field staff.

Challenge TB Quarterly Report - Success Story

Country: Cambodia

Reporting period: October 2014 - March 2015

Lead partner: FHI360

Other partners: MSH, KNCV, WHO

Planned Success Story Idea for Year 1

1. Increase TB case notification among elderly and monks at pagoda via semi active case finding approach
2. Increase TB case notification among diabetic patients --linkage between diabetic peer community and referral hospital
3. Lesson learn from program data to advocacy for scale up health care workers screening for TB in exposure setting
4. Increase TB case notification among prisoners through standardization active case finding activity in prison

The success story falls under which sub-objective?

1. Increase TB case notification among elderly and monks at pagoda via semi active case finding approach: SUB-OBJECTIVE 3.0
2. Increase TB case notification among diabetic patients --linkage between diabetic peer community and referral hospital: SUB-OBJECTIVE 3.0
3. Lesson learn from program data to advocacy for scale up health care workers screening for TB in exposure setting. SUB-OBJECTIVE 5.0
4. Increase TB case notification among prisoners through standardization active case finding activity in prison: SUB-OBJECTIVE 3.0

The success story falls under which intervention area?

Success stories number 1,2&4 are under intervention area #3.1

Success story number 3 is under intervention area # 5.1

Status update of the success story

These four success stories are in the planning phase. It will be implemented, documented and written in the next two quarters.

Challenge TB Quarterly Report - Status of activities

Country:	Cambodia	Reporting period:	October 2014 - March 2015
Lead partner:	FHI360	Other partners:	MSH, KNCV, WHO

Sub-objective: 1. Enabling environment

Intervention areas	Planned Key Activities for the Cu	Activity number	Planned Milestones				Milestone status	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
			Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Summary of Three Quarters	Jan 2015 - Mar 2015		
1.1. Provision of services according to national guidelines for all care providers and risk groups	Urban strategy: Assessment of PPM strategy to measure impact on case detection from private sector	1.1.1	Engage relevant partners and CENAT to develop the assessment protocol	Draft the assessment protocol and submit for local ethical approval	Protocol approved, data collection done and data analyzed	Report drafted and distributed for review.	<p>- Accomplished: Engagement with relevant partners including WHO on the development of protocol, including review of previous PPM assessment under TBCARE I. Based on this discussion, we will identify the information that need to be collected in the upcoming assessment.</p> <p>- A presentation of finding from the previous PPM assessment under TBCARE I has been done. It is expected to have final protocol and tools end of June, data collection in July, data analysis in Aug and report in Sept.</p>	Met	- First priority is to recruit lab and program manager for rural strategy. CTB team aims to have protocol be finalized by June and submit to Ethics review after that.

	Urban strategy: Refine the PPM approach to improve referrals from the private sector with the goal to increase TB case detection	1.1.2	Initiate the discussion with CENAT and URC's ASSIST project to review PPM strategy and revise it based on previous performance	Continue current PPM intervention (training of private providers, referral strategy to improve tracking of presumptive TB cases).	Review data from PPM sites and refine strategy, meeting with CENAT and stakeholders	PPM approach refined and ready to expand beyond CTB sites.	<ul style="list-style-type: none"> - Accomplished: CENAT agreed on the process to review the overall PPM strategy, but has not yet reviewed the strategy, including the desk review of existing information (e.g., result of PPM assessment under TBCARE I), health seeking behavior of TB patients, attitude and knowledge of private providers and workshop with relevant stakeholders to develop new PPM strategy. - Not accomplished: discussion with URC's ASSIST project was not held during this reporting period. - Not implemented: Training and implementation of PPM activities was not approved until the assessment performed per comments in workplan approval 	Partially	- Discussion with ASSIST was not held due to other competing priority such as development of subgrants and training package.

Sub-objective: 2. Comprehensive, high quality diagnostics

Sub-objective:	2: Comprehensive, high-quality diagnostics	Planned Milestones				Milestone status		Remarks (reason for not meeting milestone or other key information)	
		Planned Key Activities for the Current Year	Activity number	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015		Jan 2015 - Mar 2015
Intervention areas									
2.2. EQA network for lab diagnostics & services functioning	Provide TA to the national level in development of laboratory guideline and algorithm, coaching support to lab technicians on culture and DST and molecular diagnosis via GeneXpert	2.2.1	- participate in TWG on lab and support the development of lab guideline and algorithm - coaching on daily basis to lab technicians at CENAT on liquid culture and DST	- Draft SOP for laboratory guideline and algorithm, review with CENAT lab director and technicians	Lab guideline will be finalized and submitted for approval	- Capacity of lab technicians at CENAT improved - quality of lab performance on liquid culture and DST improved (as defined by lab SOP)	- Accomplished: WHO's Medical Officer continued to support and guide the program on all laboratory matters through a WHO local consultant, who is a specialist in laboratory. Through this consultant, the WHO continued to draft SOP on Essential TB laboratory including smear microscopy, expert MTB/RIF, culture, and DST. Lab guideline is being drafted.	Met	

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2.4. Access, operation and utilization of rapid diagnostics (i.e. Xpert) ensured for priority populations	Improve the operation and performance quality of GeneXpert machines.	2.4.1	<ul style="list-style-type: none"> - coaching support on operation to GenXpert machines at the CTB supported sites - provide on site training to lab technicians on the operation, maintaining and basic fixing if possible. 	<ul style="list-style-type: none"> - develop a simple operation instruction to operate and maintain the machines, using the manufacturer's guideline and customizing for Cambodia context (e.g., GeneXpert machines on mobile vans, etc.) 	<ul style="list-style-type: none"> - Enforce system to avoid stock out of cartridge - the developed operation instruction distributed to lab technicians and used 	<ul style="list-style-type: none"> - well functional machines operated - field staff capacity demonstrated to operate the machines 	<ul style="list-style-type: none"> - Accomplished: there are 30 machines in Cambodia and WHO's staff is supporting on training, monitoring and facilitating for whenever problem occurs. Xpert MTB/RIF SOP is drafted and being translated. It will be sent to all Xpert labs when translation is done with approval from NTP a part from simple operation instructions for users. There are 4 machines whose one to two modules were not working. However, those machines are still in guarantee and company will fix it. - Operations manual on GenXpert is being drafted and shared with subTWG for lab for further inputs. 	Met	
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Sub-objective: 3. Patient-centered care and treatment

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status		Remarks (reason for not meeting milestone or other key information)
			Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Summary of Three Quarters	Jan 2015 - Mar 2015	met? (Met, partially, not met)	
3.1. Ensured intensified case finding for all risk groups by all care providers	Elderly: Semi Active Case Finding (ACF)	3.1.1	<ul style="list-style-type: none"> - 25 OD and 5 RH sub-contracts finalized and signed - training curriculum for CTB strategy refined. 	<ul style="list-style-type: none"> - CTB strategy implemented. - Semi active case finding implemented 	<ul style="list-style-type: none"> - Semi active case finding implemented 	<ul style="list-style-type: none"> - all sub-contracts signed - Semi active case finding implemented - performance of sub-contract at accepted level 	<ul style="list-style-type: none"> - Accomplished: Subgrants with 15 provincial health departments were prepared (25 operational districts, 10 prisons and five hospitals were included in it) and are being reviewed by PMU. - Accomplished: Training materials for VHSGs/Ajar were defined and finalized 	Met	<ul style="list-style-type: none"> - 15 sub grants are in the process of finalization and now submit to PMU for approval. - Semi active case finding delayed until workplan and budget approvals which just occurred 5 Mar 2015

	Prison TB strategy	3.1.2	<ul style="list-style-type: none"> - Standardize the model of semi active case finding, <ul style="list-style-type: none"> - Training curriculum on TB for Ajar/Akim developed - 62 training sessions to (1 training per HC) VHSG, school teachers and Ajar/Akim conducted (Integrated training with Childhood TB) 	<ul style="list-style-type: none"> - 10% (16 HC) of HC identified as rural, poor with low number of TB case notification performed semi ACF - 100 additional training sessions to (1 training per HC) VHSG, school teacher and Ajar/Akim conducted (Integrated training with Childhood TB). 	<ul style="list-style-type: none"> - Expand coverage to 35% (56 HC) of HCs will performed semi ACF 	<ul style="list-style-type: none"> - Total 35% of all HCs (56 HCs) in CTB catchment implementing semi ACF. - Training curriculum on TB for VHSG/school teachers and Ajar/Akim developed - Total of 162 training sessions conducted 	<ul style="list-style-type: none"> - Accomplished: Model of semi active case finding has been drafted and being revised after input from CENAT. Final approval from CENAT is pending. - Accomplished: Training materials for VHSG/Ajar for semi active case finding were drafted - Accomplished: Training plan was developed for target groups for all HC under coverage areas. - Not accomplished: Training to VHSG/school teachers and Ajar/Akim was not yet conducted 	Partially	<ul style="list-style-type: none"> - Trainings have not been conducted until workplan and budget approvals which just occurred 5 Mar 2015.
	Childhood TB: Strategy, training and measuring impact and preparation for scale-up	3.1.3	<ul style="list-style-type: none"> - Training curriculum for childhood TB refined - Activities implemented in 21 ODs which covers 345 HCs 	<ul style="list-style-type: none"> - activity implemented in 25 OD which covers 411 HCs (100% of target) 	<ul style="list-style-type: none"> - Maintain the coverage in all 411 HCs and continue collaboration with RACHA (USAID ECH project) to discuss transition plans for Year 2 	<ul style="list-style-type: none"> - Total 25 ODs which covers 411 HCs on CTB Childhood TB strategy and transition initiated for RACHA to take over CTB activities, consistent with ECH project expansion for Year 2. 	<ul style="list-style-type: none"> - Accomplished: Training materials were refined and finalized. ToT training for trainers from 12 CENAT staff had been organized. - No field work has been implemented yet 	Partially	<ul style="list-style-type: none"> - Childhood TB activities have not implemented until workplan and budget approvals which just occurred 5 Mar 2015.

	Childhood TB: training and measuring impact and preparation for scale-up	3.1.4	<ul style="list-style-type: none"> - 4,998 villages will be covered -10 refresher training on childhood TB for HC staff conducted (at OD level) includes 16 ODs where implemented only childhood TB activities 	<ul style="list-style-type: none"> - Additional 778 villages covered (reaching 100% target), 5,776 villages) - Additional 15 training sessions conducted for HC staff at OD level. 	<ul style="list-style-type: none"> - Assessment of cost-effectiveness of strategy for prevention, diagnosis and treatment of childhood TB, in preparation for scaling up and adoption into health policy. 	<ul style="list-style-type: none"> Total of 5,776 villages will be covered: monitoring of progress for 411 health centers (DOTs volunteers, HC staff) -Disseminate cost effectiveness of strategy for NTP adoption into health policy 	<ul style="list-style-type: none"> - Not accomplished: field activities and training delayed until workplan and budget approvals which just occurred on 5 Mar 2015. 	Not Met	<ul style="list-style-type: none"> - Childhood TB activities have not been implemented until workplan and budget approvals which just occurred 5 Mar 2015. - Speed up the training and field implementation at same time. Each HC covers in average 13 villages. Base on this, this activities can be done within 2 to 3 days.
	CTB Hospital strategy: Develop and implement CTB hospital engagement with the primary purpose to improve TB case finding among risk groups	3.1.5	<ul style="list-style-type: none"> - SOP developed and implemented in all 5 CTB hospitals - 5 hospitals implementing the hospital strategy - Monitoring tools and system developed 	<ul style="list-style-type: none"> - Infection control interventions (administrative) developed and implemented -- cough triage for waiting area and referral for TB diagnosis 	<ul style="list-style-type: none"> - 5 hospitals continue implementing activity - each departments of hospital refer presumptive TB patients for TB diagnosis and treatment 	<ul style="list-style-type: none"> - SOP developed that can be adopted in hospitals throughout Cambodia - 5 hospitals implementing hospital engagement - Administrative IC protocol developed and implemented: e.g., cough triage (to decrease in-hospital TB transmission) and referral for TB diagnosis 	<ul style="list-style-type: none"> - Accomplished: SOP for Hospital Engagement was in draft and monitoring tools were already developed. - Not accomplished: Implementation of hospital engagement has not been held yet. 	Partially	<ul style="list-style-type: none"> - Implementation of hospital engagement has not be implemented until workplan and budget approvals which just occurred 5 Mar 2015.
3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers	Prison TB strategy	3.2.1	<ul style="list-style-type: none"> - Review the existing SOP for 10 prisons currently implementing TB control activities (CTB) - Coordination with stakeholders and CENAT on standardization of activity 	<ul style="list-style-type: none"> - Data tracked for numbers screened, diagnosed, referred for treatment (upon discharge) 	<ul style="list-style-type: none"> - Discussion with national TB program and General Department of prison on programmatic transition to 22 main prisons in country (those with high numbers of inmates) and eventually to all 27 prisons in the country 	<ul style="list-style-type: none"> - SOP finalized: ready for scale-up to additional prisons. - Areas, activities and potential steps for transition identified - 20 coordination meetings with stakeholders conducted 	<ul style="list-style-type: none"> - Accomplished: SOP for TB in prison is in final draft. - Accomplished: Coordination meeting with stakeholders and CENAT was held to standardize the activities. 	Met	<ul style="list-style-type: none"> SOP for TB in prison is in final draft and currently awaiting for the approval from director of CENAT

	Prison TB strategy	3.2.2	<ul style="list-style-type: none"> - Tracking system developed for TB inmates/prisons released from prisons - systematic screening for the new inmates developed 	<ul style="list-style-type: none"> - Tracking system implemented in 10 supported prisons - systematic screening for the new inmates implemented - Monitor the progress of the system 	<ul style="list-style-type: none"> - Continue the implementation - Assessment of the tracking system and systematic screening 	<ul style="list-style-type: none"> - Tracking system developed and implemented - Assessment of the tracking system and systematic screening 	<ul style="list-style-type: none"> - Accomplished: Tracking system for released TB inmates was developed. - systematic screening for the inmates developed which includes at entry and on exit/release. In addition to entry and exit screening, a system is now in place for annual CXR and Xpert evaluation for symptomatic and asymptomatic inmates - Accomplished: systematic screening for the new inmates developed 	Met	
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Sub-objective: 4. Targeted screening for active TB

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status Jan 2015 - Mar 2015	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
			Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Summary of Three Quarters			

4.1. Contact investigation implemented and monitored	Rural strategy: Implementation of household contact investigation	4.1.1	- 62 HCs implement contact investigation protocol: recruit Ajar/imam; agree to activities, reporting, etc.	- Additional 100 HC implement contact investigation protocol (total 162 HCs, reaching 100% target) - Tracking referral system and monitor the progress of activities	- Monitor numbers of cases diagnosed in 162 HCs; numbers of contacts screened and referred; numbers of TB (smear negative and positive) diagnosed	- 162 HCs implemented contact investigation protocol; - Documentation of CTB protocol and efficacy for improving case finding	- Accomplished: contact investigation tool/form was developed - Not accomplished: Implementation of contact investigation at the community was not performed yet	Partially	Implementation of contact investigation at the community was not performed until workplan and budget approvals which occurred on 5 Mar 2015.
	Rural strategy: Contact investigation among children under 15	4.1.2	- 2,287 villages implemented contact investigation - Training curriculum and algorithm of contact investigation developed for CDOTs volunteer, HC and OD staff	- 5,776 villages implemented contact investigation	- Contact investigation implemented and monitored on numbers of childhood TB cases diagnosed, numbers and proportion of household contacts screened and referred for diagnosis; number and proportion of TB cases diagnosed.	- 5,776 villages implemented contact investigation - Algorithm on contact investigation developed; efficacy of algorithm documented to compare with other strategies (GFATM). Goal is to assist NTP to develop a cost-effective and high-impact approach to maximize contact investigation in the community.	- Accomplished: Training materials for contact investigation has been integrated into CDOTs training - Not accomplished: Contact investigation in the community level was not implemented	Partially	Implementation of contact investigation at the community was not performed until workplan and budget approvals which occurred on 5 Mar 2015.
	Urban strategy: Prison contact investigation	4.1.3	- Orientation on contact investigation activity in 10 CTB prisons - Strategy: when prisoners are screened upon entry, all presumptive TB patients are referred to HC by prison staff.	- Documentation of numbers/proportion screened on entry; numbers identified as presumptive TB patients; numbers referred to HC	- Continue the implementation. - Documentation of the implementation of this activity	- Documentation of the approach; strategy shared with stakeholders throughout Year 1 to facilitate scale-up and adoption in additional 12 prisons (with high numbers of inmates)	- Not accomplished: Contact investigation activities and other TB activities in prison was not yet implemented	Not Met	Delay of implementation is due to delay of workplan and budget approvals which occurred on 5 Mar 2015.

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Sub-objective: 6. Management of latent TB infection									
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status Jan 2015 - Mar 2015	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
			Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Summary of Three Quarters			
6.1. LTBI diagnosis and treatment among high risk groups ensured	Isoniazid Preventive Therapy (IPT) for children under 5	6.1.1	- IPT activity implemented in 345 HCs - monitoring tool developed to ensure compliance with IPT (family and community DOT)	- Expansion to additional 66 HCs (total coverage is 411 HCs). - Monitoring conducted to determine compliance with algorithm and IPT	- Coverage areas maintained	- Total of 411 HCs implemented INH preventive therapy. Goal >95% of all children initiated on IPT to complete treatment.	- Not accomplished: IPT activities were not started in the reporting period - Accomplished: IPT compliance monitoring tools were developed	Partially	- IPT activities was not implemented during the reporting period, due to the delay of workplan and budget approvals which occurred on 5 Mar 2015.

Sub-objective: 7. Political commitment and leadership									
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status Jan 2015 - Mar 2015	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
			Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Summary of Three Quarters			
7.1. Endorsed, responsive, prioritized and costed strategic plan available	National strategic plan on TB control finalized	7.1.1	TA for finalization of NSP on TB control	Finalization of NSP on TB control	NSP on TB control finalized, endorsed, and implemented	NSP on TB control distributed and fully implemented nationwide	Accomplished: NSP on TB control finalized.	Met	

Sub-objective: 8. Comprehensive partnerships and informed community involvement									
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status Jan 2015 - Mar 2015	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
			Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Summary of Three Quarters			
8.2. Global Fund grant ratings improved	Key staff of CTB be a member of Cambodia Coordinating Committee (CCC) and Principal Recipient of Technical Review Panel (PRTRP) of GF	8.2.1	CTB staff attended CCC and quarterly PRTRP meetings and provide inputs on both technical and financial areas	- Evaluate GFATM implementation and provide input to improve quality and progress toward targets with the goal to improve GFATM ratings	- Continue to provide inputs on implementation, progress toward targets, as well as integration with USAID-funded projects (CTB, QHS, ECH)	- GFATM performance rating maintained at A level	Accomplished: CTB staff attended PRTRP to review the GF report prepared by CENAT. CTB representative provided inputs to improve the report and program.	Met	

Sub-objective: 10. Quality data, surveillance and M&E									
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status Jan 2015 - Mar 2015	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
			Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Summary of Three Quarters			

10.1. Well functioning case or patient-based electronic recording and reporting system is in place	e-TB manager for PMDT	10.1.1	TA for improvement of the new feature	Preparation of handover	e-TB manager functions well and prepare handover	Handover and well functioning	- Not accomplished: no TA trip organized during the reporting period. - Discussion between Health Information Policy and Advocacy and Challenge TB had been made on the transition plan and await from CENAT director's decision to select the e-data base system.	Not Met	Field visit of director of CENAT and his team to Bangladesh to learn on eTB manager system had been organized in Mar 2015.
	e-TB manager for PMDT	10.1.2	Meeting with MSH and Future Group on the transition plan organized	A continue meeting with both organization organized - Milestone of transition tracked toward the target	- Futures Group demonstrating capacity and skills to support e-TB Manager (will need MSH to evaluate)	At least 4 meetings with Future, MSH organized to ensure smooth transition	- Accomplished: Meetings organized with Futures group and CENAT to ensure smooth transition of e-TB manager. - Accomplished: CENAT director required another visit to non e-TB manager system in May and will make a final decision following that	Met	

10.2. Epidemiologic assessments conducted and results incorporated into national strategic plans	Data Quality Assessment (DQA)	10.1.3	Development of DQA guidelines and tools	Field testing the DQA tools in selected ODs Training DQA tools to OD supported sites	Implementation of DQA in CTB OD supported sites	Internal DQA is in place	Accomplished: DQA (data verification) tool was developed (draft).	Partially	- Field testing was not conducted due to the delay of workplan and budget approvals which occurred on 5 Mar 2015.
	Drug Resistance Surveillance	10.2.1	Development of technical working group to assist in preparation of protocol	Drafting the protocol	Near-final draft of DRS distributed to TWG and circulated for comments	Protocol finalized and DRS conducted.	- Not accomplished: Meeting with Dr. Eang, CENAT, to discuss about the survey plan. TWG will be formed to develop the study protocol.	Not Met	Survey will be delayed until end of year 2015 and thus the decision was made by CENAT to delay forming the TWG until 4th quarter.

Sub-objective: 11. Human resource development									
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status		Remarks (reason for not meeting milestone or other key information)
			Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Summary of Three Quarters	Jan 2015 - Mar 2015	met? (Met, partially, not met)	
11.1. Qualified staff available and supportive supervisory systems in place	Training to C-DOT volunteers, health center and OD staff (the majority of training sessions are part of the trainings of rural and urban strategy--ref cell D100, D101 & D102).	11.1.1	- Joint integrated trainings will be conducted for C-DOTs volunteers, HC/OD staff. - At least 5,309 persons trained on TB related activities.	- Additional 774 persons trained on TB related activities in this quarter	- Maintain the coverage areas but improve the quality of intervention through meetings with HC staff and C-DOT volunteers and supportive monitoring	- A total of 6,083 C-DOTs volunteers, HC and OD staff trained on relevant topics.	Not accomplished: There were no training sessions for staff at RH, OD, HC and VHSG held during this reporting period	Not Met	Delay in implementation is due to the delay of workplan and budget approvals which occurred on 5 Mar 2015..

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Sub-objective: 12. Technical supervision									
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status		Remarks (reason for not meeting milestone or other key information)
			Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Summary of Three Quarters	Jan 2015 - Mar 2015	met? (Met, partially, not met)	
12.1. Technical supervision	TA from Headquarter, regional office to develop workplan, support the start up of program and ensure quality of program	12.1.1	Workplan approved, stakeholder and partner meetings to discuss collaboration	Monitoring activities/targets, budget burn rate, Year 2 workplan	TA on preparing annual report.	Annual Report completed and submitted with TA from BKK - workplan year 1 developed and approved - Year 2 workplan developed	- Accomplished: Year 1 workplan was approved. Meeting with USAID's partners includes Quality Health Improvement, Empower Community for Health, Social Health Protection and Futures group.	Met	

Challenge TB Quarterly Report - Global Fund Engagement

Country Cambodia Reporting period: October 2014 - March 2015

Current Global Fund TB Grants				
Name (i.e. NFM 1)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Period 13 GFATM round A2	A2	A1	50.8	36.6

*Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The latest performance letter of the Global Fund (dated 8 April 2015) mentions that TB grant achieved A1 performance rating for Jan-Jun 2014. The grant was able to achieve all targets except the ones on case-notifications. Case notifications are falling rapidly, much more than what we expect based on the falling prevalence rates. The challenges that are causing the steep fall in case notification rates are: (1) Changing epidemiology of TB in Cambodia with higher proportion of TB being smear negative/culture positive and less symptomatic. (2) Inadequate access to diagnostic services for smear negative/culture positive cases, namely, GenXpert and X-rays. Agreement was already signed with SR for implementation. However, Monitoring, training and supervision of CENAT was not yet approved.

The GF grant has funds that are only adequate to cover 43 ODs (out of 82 ODs) with systematic screening to find the missing TB cases. For 18 ODs, USAID will sponsor similar activities but CENAT, its SRs and USAID sub-recipients still need to work out a harmonized strategy. The remaining 21 ODs are uncovered, thus posing risk of continued missing of cases. Even in the ODs covered, the funds are inadequate to cover all villages.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

The WHO was able to motivate the government to scale-up community-driven fast-track mechanism and provider-driven enhanced case finding mechanism to find the missing cases. In addition, the government will purchase more Xpert machines and cartridges this year to help find the missing cases among the highest TB risk groups in some of the poorest geographical locations of Cambodia.

The WHO mediated between CENAT, Global Fund and USAID to resolve the issue of coverage of ODs. The next step would be to see that they also harmonize the systematic screening activities across the 61 covered ODs. CTB is actively involved in the Principal Recipient Technical Review Panel technical meetings to review the achievement and quality of implementation.

Challenge TB Quarterly Report - MDR-TB Update

Country	Cambodia	Reporting period	October 2014 - March 2015
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	31	41	The case-finding for MDRTB has dipped sharply in January-March 2015 due to issues with reimbursements for the cost of transport of sputum specimens for Xpert, culture and DST. The issue has been raised in the TWG meeting on MDR at CENAT for action and been brought further to the director of CENAT. The members will identify the appropriate mechanism on reimbursement of the cost to propose to CENAT's director. The meeting also recommended CENAT to request GF to approve and disburse budget on supervision to improve MDR case detection.
Total 2011	56	83	
Total 2012	117	110	
Total 2013	131	121	
Total 2014	112	110	
Jan-Mar 2015	21	17	
Apr-Jun 2015			
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015			

Challenge TB-supported International Visits (technical and management-related trips)

[illegible]

Quarterly Photos (as well as tables, charts and other relevant materials)